

PCN45

EFFECT OF AGE ON PREFERENCES FOR HEALTH OUTCOMES IN PROSTATE CANCERKrahn MD¹, Bremner K¹, Tomlinson G², Alibhai S³, Laporte A⁴, Naglie G⁵¹University Health Network, Toronto, ON, Canada, ²University of Toronto, Toronto, ON, Canada, ³University Health Network, Toronto, ON, Canada, ⁴Department of Health Policy, Management, and Evaluation, University of Toronto, Toronto, ON, Canada, ⁵University Health Network, Toronto, ON, Canada

OBJECTIVE: To determine age-related variations in prostate cancer (PC) patients' utilities. PC is a disease of older men. Decisions regarding its management are sensitive to preferences for outcomes. **METHODS:** We derived a population-based sample of PC patients diagnosed in 1992, 1997 or 2002 from the Ontario Cancer Registry. Patients (n = 1531). Consenting survivors were mailed questionnaires, including demographics, Health Utilities Index (HUI2/3), and UCLA Prostate Cancer Index (PCI). We computed Pearson's correlations between HUI3 utility and PCI scores in all patients and between age quartiles. We used regression to test for interactions, namely linear trends in HUI3-PCI slopes across age quartiles. **RESULTS:** The first 289 patients returned questionnaires in 2004. Mean age was 71.6 years. Primary treatments, received 1–11 years prior, were prostatectomy (46%), radiation (32%), hormones only (12%), and watchful waiting (10%). Mean HUI3 utility was 0.79, SD = 0.24. HUI3 and sexual function scores decreased with age (p < 0.001), but urinary function improved (p = 0.01), with no changes in bother scores. For HUI3 and sexual function, r = 0.43 (p < 0.001) for 44–65 yr olds, and r = 0.14 (p = 0.28.) for 78–92 yr olds, p = 0.35 for interaction. For HUI3 and sexual bother, r = 0.41 for 44–65 yr olds, and r = 0.09 for 78–92 yr olds, p = 0.06 for interaction. Correlations between HUI3 and urinary function increased with age (from 0.24 to 0.43, p = 0.04 for interaction). Similar age effects were observed for urinary bother. There were no age-related trends for correlations between HUI3 and bowel function or bother. Sexual and urinary function scores became less strongly related to their corresponding bother scores as age increased (p < 0.002). **CONCLUSIONS:** Although sexual dysfunction increased with age, it became less bothersome and had less impact on utility. However, older patients' quality of life was more affected by urinary dysfunction. Modelers and policy-makers may need to adjust utilities for PC health states for patient age.

PCN46

ONLINE REPORTING OF TOXICITY SYMPTOMS BY LUNG CANCER PATIENTS DURING CHEMOTHERAPY

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OBJECTIVES: To determine whether lung cancer patients can be engaged to report their own toxicity-related symptoms during chemotherapy. **METHODS:** The NCI's Common Terminology Criteria for Adverse Events (CTCAE) schema for nine common symptoms was adapted into a web-based patient-reporting system, accessible from computers in outpatient clinics and from home computers. Outpatients with lung malignancies beginning standard chemotherapy regimens were invited to enroll. During a 16-week observation period, participants were encouraged to login and report symptoms at each follow-up visit, or alternatively to access the system from home. Severe toxicities entered into the system (grade 3–4) triggered emails to the primary clinical team. **RESULTS:** A total of 108 patients were approached, with 23 refusals due to anxiety (n = 4), unwillingness to use a computer (n = 5), or no perceived benefit (n = 6). All 93 enrollees completed an initial login. At each subsequent appointment,

most enrollees (80–85%) reported symptoms using the online system, with a mean of 7 visits per patient (range 1–16). A total of 79/93 (85%) logged in at more than two-thirds of appointments. Only 12/93 (13%) voluntarily logged in at least once from home, with a mean of 10 logins among home users versus 6 among non-home users. Utilization was significantly associated with prior Internet experience but not with age, cancer type, ECOG score, income, or education level. A total of 121 severe toxicities were entered into the system, including 17 from home users, which were delivered via email to treating clinicians for consideration of interventions. **CONCLUSION:** Lung cancer patients are capable of reporting symptoms experienced during chemotherapy via the web, but may be less willing than other populations to use computers, and less apt to self-report from home. Assessment in other populations, in a clinical trial setting, and comparison of patient versus clinician symptom reporting are being performed in separate studies.

CARDIOVASCULAR DISEASE—Clinical Outcomes Studies

PCV1

USING ANTI-COAGULANTS AS PROPHYLAXIS FOR DVT/PEBurleigh E¹, He J², Wang C², Mahoney A³¹Solucient, LLC, Verona, NJ, USA, ²Solucient, Berkeley Heights, NJ, USA, ³Solucient, LLC, Berkeley Heights, NJ, USA

OBJECTIVE: Anti-Coagulant therapy is often prescribed for patients in the hospitals who are at high risk for a deep vein thrombosis or pulmonary embolism (DVT/PE). The purpose of this study is to determine if there are better outcomes for patients who start anti-coagulant therapy on day one as opposed to later in their stay. **METHODS:** A retrospective study was conducted with 391,253 patients who had Lovenox discharged between January 2001 through June 2005 extracted from Solucient's ACTracker Database and grouped into a cohort of 206,456 patients who received the drug on day one and a group of 184,797 patients who received the drug afterwards as the comparison group. Economic and clinical outcomes were measured with the following metrics by different risk adjust methods 1). length of stay (LOS), ICU LOS, and total costs within risk adjusted RDRGs, as well as 2). the results of Risk-Adjusted Mortality (RAMI) and Complication (ECRI) indices. **RESULTS:** In comparing those patients who received an anti-coagulant on the first day versus anytime after, we found that day one treated patients had significantly shorter weighted average and ICU weighted average LOS with a difference of 0.87 days (p < 0.0001) and 0.40 days (p < 0.0001) on average respectively. A significantly decreased weighted average total cost in patients receiving the drug earlier was also observed with a difference of \$806 (p < 0.0001). In clinical perspectives, earlier treated Lovenox patients were found to have both lower mortality index (0.96 vs. 1.04, p < 0.0001) and lower complication rates (0.94 vs. 1.05, p < 0.01). **CONCLUSION:** Patients who received prophylaxis anti-coagulant therapy on their first day of an inpatient stay have better economic and clinical outcomes than those who receive anti-coagulants later in their stay.

PCV2

RETROSPECTIVE STUDY OF PATIENTS WITH CABG REOPERATION AND OUTCOMES

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OBJECTIVES: Mortality and morbidity of patients with Coronary Artery Bypass Grafting (CABG) reoperation (redo) are reportedly significantly higher than those of first-time CABG population. Performing initial CABG properly and preventing